

**SAMPLE FORM J**

**CIVIL CASE INFORMATION STATEMENT**

## **CIVIL CASE INFORMATION STATEMENT - INSTRUCTIONS**

The Civil Case Information Statement must be filed in the Court of Appeal within 10 days after the clerk mails you a notice that the form must be filed. Attach a copy of the order or judgment which you are appealing to the Civil Case Information Statement. The court recommends that the order or judgment be file-stamped and signed by the lower court judge. You also need to attach a Proof of Service to the Civil Case Information Statement showing you served a copy of the Civil Case Information Statement with its attachment on all counsel and self-represented parties. (See [Sample Form C.](#)) The Civil Case Information Statement is filed in the Court of Appeal.

This form is available online in Adobe Acrobat PDF format and may be filled out electronically for free at <http://www.courtinfo.ca.gov/cgi-bin/forms.cgi>. Select "Appellate" forms, then click on Form APP-004.

### **Filling out the Civil Case Information Statement form:**

#### **Caption:**

- (1) If you are appealing a case from San Diego or Imperial County, fill out the top box of the form as follows: "Court of Appeal, Fourth Appellate District, Division One." Indicate the Court of Appeal case number in the box to the right.
- (2) In the "Attorney or Party Without Attorney" area at the top of the form, fill out your name, mailing address, and telephone number where you can be reached during the day.
- (3) In the next box down, indicate your name next to "APPELLANT" and the responding party's name next to "RESPONDENT."
- (4) In the next box down, specify the Superior Court, address, and branch name of the court that made the order or judgment you are appealing.
- (5) In the "JUDGES" box, list all of the Superior Court judges who had anything to do with your case. In the box to the right, write the Superior Court case number.

### **Part I - Appeal Information**

- A.1. Mark the box that best describes what you are appealing.
- A.2. If your appeal disposes of all causes of action including all cross-actions between the parties check "yes". If not, check "no".
- B.1. The date of entry of judgment or order appealed from.
- B.2. The date notice of entry of the judgment or order was served or mailed. If none was served or mailed, leave this space blank.

B.3. Check "yes" if you made a motion for (a) new trial, (b) judgment notwithstanding the verdict, (c) reconsideration of an appealable order or (d) vacating the judgment, and that motion was denied. Check the "no" box if you did not make any of the above motions. If you checked yes, write in the type of motion you filed, the date the motion was filed, the date the motion was denied and the date the denial was served.

B.4. The date you filed your notice of appeal or cross-appeal in Superior Court.

C. Check if there is a bankruptcy case or any court issued stay which would have an affect on your appeal in the Court of Appeal. If you check this box you must attach to this form a file-stamped copy of the bankruptcy petition and any documentation related to the stay. Leave blank if there is no bankruptcy case or other court issued stay which would have an affect on your appeal in the Court of Appeal.

D. Check "yes" if you have any related appeals, writs or any other proceeding before this or any other California appellate court. Check "no" if you do not have any other appeals, writs or proceedings before this or any other California appellate court. If you checked "yes", write the name of the court in which you have or had a case, the appellate court case number, the title of the case, name of trial court and trial court case number. If you have or had multiple cases, attach the list of cases to this form on a separate sheet of paper.

E. Some types of cases require service of briefs or petitions on the Attorney General. Check the list on the form to see if yours is one of these types of cases. In addition, Rule 44.5(a) requires service on the Attorney General for the following types of cases: (1) those questioning the constitutionality of a state statute; (2) those in which the state or a state officer in his or her official capacity is a party; and (3) those in which a county is a party. Check the "yes" box if service on the Attorney General is required, and check the "no" box if it is not.

## **PART II -NATURE OF ACTION**

A. Check the box or boxes that best describe the nature of the action of your case. If it is not listed, check "Other action" and describe the nature of the case.

B. Check this box if your case is entitled to calendar preference or priority on appeal. Write the rule of court or statute that entitles you to calendar preference or priority. Leave blank if your case is not entitled to calendar preference or priority.

## **PART III - PARTY AND ATTORNEY INFORMATION**

On a separate sheet of paper, write or type all the parties and their attorneys of record who will participate in the appeal. For each party, list the party's name and designation in the trial court proceeding (plaintiff, defendant, etc.). For the attorneys, list the party the attorney represents, the name of the attorney, state bar number, mailing address, telephone number, fax number and e-mail address. If the party is self-represented, list the name, designation in the trial court proceeding (plaintiff, defendant, etc.), mailing address, telephone number, fax number and e-mail address. List only parties who will be participating in the appeal and no one else.

At the bottom of page 2, write or type your name legibly, and date and sign the form. Serve a copy of the form on all parties. (See [Sample Form C.](#))

**Due:** 10 days after the Court of Appeal clerk notifies you the form must be filed

**File:** Original of Civil Case Information Statement, judgment or order and Proof of Service on all parties. File with Court of Appeal.

Provide an extra copy to be file-stamped for your file.

**Serve:** All counsel  
All self-represented parties

<b>CIVIL CASE INFORMATION STATEMENT</b>		Court of Appeal Case Number (if known):
COURT OF APPEAL, _____ APPELLATE DISTRICT, DIVISION _____		<b>FOR COURT USE ONLY</b>
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  _____		
TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):		
FAX NO. (Optional):		
APPELLANT:  RESPONDENT:		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
JUDGES (all who participated in case):		Superior Court Case Number:
<p><b>NOTE TO APPELLANT:</b> You must file this form with the clerk of the Court of Appeal within 10 days after the clerk mails you a notice that this form must be filed. You must attach to this form (1) a copy of the judgment or order being appealed that shows the date it was entered (see Cal. Rules of Court, rule 2(c) for definition of "entered") and (2) proof of service of this form on all parties to the appeal. (CAUTION: An appeal in a limited civil case (Code Civ. Proc., § 85) may be taken ONLY to the appellate division of the superior court (Code Civ. Proc., § 904.2), or to the superior court (Code Civ. Proc., § 116.710 [small claims cases]).</p>		

**PART I – APPEAL INFORMATION****A. APPEALABILITY**

## 1. Appeal is from:

- ☐ Judgment after jury trial  
☐ Judgment after court trial  
☐ Default judgment  
☐ Judgment after an order granting a summary judgment motion  
☐ Judgment of dismissal under Code Civ. Proc., §§ 581d, 583.250, 583.360, or 583.430  
☐ Judgment of dismissal after an order sustaining a demurrer  
☐ An order after judgment under Code Civ. Proc., § 904.1(a)(2)  
☐ An order or judgment under Code Civ. Proc., § 904.1(a)(3)–(13)  
☐ Other (describe and specify code section that authorizes this appeal):

## 2. Does the judgment appealed from dispose of all causes of action, including all cross-actions between the parties?

☐ Yes ☐ No If no, please explain why the judgment is appealable:

**B. TIMELINESS OF APPEAL (Provide all applicable dates.)**

1. Date of entry of judgment or order appealed from: \_\_\_\_/\_\_\_\_/\_\_\_\_
2. Date that notice of entry of judgment or a copy of the judgment was mailed by the clerk or served by a party under California Rules of Court, rule 2: \_\_\_\_/\_\_\_\_/\_\_\_\_
3. Was a motion for new trial, judgment notwithstanding the verdict, reconsideration, or to vacate the judgment made and denied?  
☐ Yes ☐ No If yes, please specify the type of motion:
- Date motion filed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date denied: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date denial served: \_\_\_\_/\_\_\_\_/\_\_\_\_
4. Date notice of ☐ appeal or ☐ cross-appeal filed: \_\_\_\_/\_\_\_\_/\_\_\_\_

**C. BANKRUPTCY OR OTHER STAY**

Is there a related bankruptcy case or a court-ordered stay that affects this appeal. ☐ Yes ☐ No If yes, please attach a copy of the bankruptcy petition [without attachments] and any stay order.

APPELLATE CASE TITLE:  	SUPERIOR COURT CASE NUMBER:  
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**D. APPELLATE CASE HISTORY** *(Provide additional information, if necessary, on attachment I.D.)*

Is there now, or has there previously been, any appeal, writ, or other proceeding related to this case pending in any California appellate court? ☐ Yes ☐ No If yes, insert name of appellate court:

Appellate court case no.:

Title of case:

Name of trial court:

Trial court case no.:

**E. SERVICE REQUIREMENTS**

Is service of documents in this matter, including a brief or a petition, required on the Attorney General or other nonparty public officer or agency under California Rules of Court, rule 44.5 or a statute? ☐ Yes ☐ No *If yes, please indicate the rule or statute that applies.*

☐ Rule 44.5(a)

☐ Bus. & Prof. Code, § 17209 (Unfair Competition Act)

☐ Bus. & Prof. Code, § 17536.5 (False advertising)

☐ Civ. Code, § 51.1 (Unruh, Ralph, or Bane Civil Rights Acts; antiboycott cause of action; sexual harassment in business or professional relations; civil rights action by district attorney)

☐ Civ. Code, § 55.2 (Disabled access to public conveyances, accommodations, and housing)

☐ Gov. Code, § 4461 (Disabled access to public buildings)

☐ Gov. Code, § 12656(a) (False Claims Act)

☐ Health & Saf. Code, § 19954.5 (Accessible seating and accommodations)

☐ Health & Saf. Code, § 19959.5 (Disabled access to privately funded public accommodations)

☐ Other *(please specify statute):*

**NOTE: The rule and statutory provisions listed above require service of a copy of a party's brief or petition and brief on the Attorney General or other public officer or agency. Other statutes requiring service on the Attorney General or other public officers or agencies may also apply. (See, e.g., Code Civ. Proc., § 1355; Gov. Code, § 946.6(d); Pub. Resources Code, § 21167.7.)**

**PART II – NATURE OF ACTION**

**A. Nature of action** *(check all that apply):*

1. ☐ Conservatorship

2. ☐ Contract

3. ☐ Eminent domain

4. ☐ Equitable action    a. ☐ Declaratory relief    b. ☐ Other *(describe):*

5. ☐ Family law

6. ☐ Guardianship

7. ☐ Probate

8. ☐ Real property rights    a. ☐ Title of real property    b. ☐ Other *(describe):*

9. ☐ Tort

a. ☐ Medical malpractice

b. ☐ Product liability

c. ☐ Other personal injury

d. ☐ Personal property

e. ☐ Other tort *(describe):*

10. ☐ Trust proceedings

11. ☐ Writ proceedings in superior court

a. ☐ Mandate (Code Civ. Proc., § 1085)

b. ☐ Administrative mandate (Code Civ. Proc., § 1094.5)

c. ☐ Prohibition (Code Civ. Proc., § 1102)

d. ☐ Other *(describe):*

12. ☐ Other action *(describe):*

B. ☐ This appeal is entitled to calendar preference/priority on appeal *(cite authority):*

**PART III – PARTY AND ATTORNEY INFORMATION**

Please attach to this form a list of all the parties and all their attorneys of record who will participate in the appeal. For the parties, include the following information: the party's name and his or her designation in the trial court proceeding (plaintiff, defendant, etc.). For the attorneys, include the following information: name, State Bar number, mailing address, telephone number, fax number, and e-mail address.

Date:

This statement is prepared and submitted by:



(SIGNATURE OF ATTORNEY OR UNREPRESENTED PARTY)